PTO/SB/21 (08-03)

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Unde	er the Paperwork Reduction Ac	1 00 995, no berson	Application Number	tion of information unless it displays a valid OMB control number. 10/054,448	\
	TRANSMITTA	L	Filing Date	01/18/2002	1
	FORM		First Named Inventor	LUNGO	1
(to be used for all correspondence after initial filing)		Art Unit	3728	1	
		Examiner Name	LUONG, S.T.T.	1	
Total N	lumber of Pages in This Submi	ission 1 + 69	Attorney Docket Number		1
		ENC	LOSURES (Check all tha	at apply)	1
X Ar [2] [3] [4] [5] [6] [6] [6]	ee Transmittal Form X Fee Attached mendment/Repty X After Final (10 pag X Affidavits/declaration	ges)	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addr Terminal Disclaimer Request for Refund CD, Number of CD(s)	Other Enclosure(s) (please Identify below):	
L D	Response to Missing Parts/ ncomplete Application Response to Missing under 37 CFR 1.52 of	g Parts or 1.53	OF APPLICANT, ATTORN	NEY, OR AGENT	N 30 LV 72700
Firm or	Kaith Frank	Dan No. 270	20		1
Individual	Thame	Reg. No. 3782	20		4
Signature	Ken	NE	my		4
Date	1-1	6-04			┛
		CERTIFI	CATE OF TRANSMISSION	DN/MAILING	\
sufficient				or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on	
Typed or	printed name Keith	Frantz		-	7
Signature Kent		2	Date 1-16-04	1	

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PTO/SB/17 (10-03)
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Attorney Docket No.

RANSMITTAL for FY 2004

860.00

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Name (Print/Type)

Signature

Keith Frantz

Application Number	10/054,448	
Filing Date	01/18/2002	
First Named Inventor	LUNGO	
Examiner Name	LUONG, S.T.T.	•
Art Unit	3728	·

Complete if Known

METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)						
Check X Credit card Money Other None 3. ADDITIONAL FEES						
Deposit Account:						
Deposit Account Fee Fee Code (\$) Fee Description Fee Paid						
Number 1051 130 2051 65 Surcharge - late filing fee or oath						
Deposit Account 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet						
Name The Director is authorized to: (check all that apply) 1053 130 Non-English specification						
Charge fee(s) indicated below Credit any overpayments 1812 2,520 For filing a request for ex parte reexamination						
Charge fee(s) indicated below	PAECENED JAN 3 0 2004					
Charge fee(s) indicated below, except for the filling fee 1805 1,840* Requesting publication of SIR after Examiner action	万〇					
FEE CALCULATION 1251 110 2251 55 Extension for reply within first month	50 III					
1. BASIC FILING FEE 1252 420 2252 210 Extension for reply within second month	0 Z					
1. BASIC FILING FEE Large Entity Small Entity 1253 950 2253 475 Extension for reply within third month	E S E					
Fee Fee Fee Fee Fee Description Fee Paid 1254 1,480 2254 740 Extension for reply within fourth month	自身円					
1001 770 2001 385 Utility filing fee 1255 2,010 2255 1,005 Extension for reply within fifth month	P C					
1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal	VED 2004					
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal	8					
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing						
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding						
SUBTOTAL (1) (\$) 1452 110 2452 55 Petition to revive - unavoidable						
1453 1.330 2453 665 Petition to revive - unintentional						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue)						
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee						
Total Claims20** = X = 1503 640 2503 320 Plant issue fee						
Claims - 3" = 1460 130 1460 130 Petitions to the Commissioner						
Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)						
Large Entity Small Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt						
Fee Fee Fee Fee Fee Description Code (\$) Recording each patent assignment per						
1202 18 2202 9 Claims in excess of 20 property (times number of properties) 1809 770 2809 385 Filling a submission after final rejection						
1201 86 2201 43 Independent claims in excess of 3 (37 CFR 1.129(a))						
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))						
1204 86 2204 43 ** Reissue independent claims over original patent 1801 770 2801 385 Request for Continued Examination (RCE) 385						
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 Request for expedited examination of a design application						
Other fee (specify)						
**or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if greater; For Reissues, see above **Or number previously paid, if						
SUBMITTED BY (Complete (if annicable))						

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